

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212533324</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Unified Prevention Coalition of Fairfax County</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>DIANE ECKERT</b>  <b>2970-B CHAIN BRIDGE ROAD</b>  <b>OAKTON, VA 22124</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2012</b></p> <p>SCC ID NO: <b>07266737</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2970-B Chain Bridge Road</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Oakton , VA 22124</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LISA ADLER  TITLE: PRESIDENT  ADDRESS: 9303 SILVERCREEK COURT  CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LISA ADLER TITLE: PRESIDENT ADDRESS: 9303 SILVERCREEK COURT CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GEORGE S YOUNG  TITLE: VICE PRESIDENT  ADDRESS: 7805 PREAKNESS LANE  CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GEORGE S YOUNG TITLE: VICE PRESIDENT ADDRESS: 7805 PREAKNESS LANE CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JENNIFER LEWIS-COOPER TITLE: FinanceDirector ADDRESS: 3805 SANDALWOOD COURT CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Lorrie Joseph  TITLE: SECRETARY  ADDRESS: 9300 Silvercreek Ct  CITY/ST/ZIP/CO: Fairfax Station, VA 22039 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Lorrie Joseph TITLE: SECRETARY ADDRESS: 9300 Silvercreek Ct CITY/ST/ZIP/CO: Fairfax Station, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	Jeff Levy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4212 Pickering Place		
CITY/ST/ZIP/CO:	Alexandria , VA 22309		
NAME:	William E Hauda	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8359 Alvord St		
CITY/ST/ZIP/CO:	McLean, VA 22102		
NAME:	Marcela Martinez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1420 Spring Hill Road		
CITY/ST/ZIP/CO:	#250 McLean, VA 22102		
NAME:	William Curran	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8115 Gatehouse Rd		
CITY/ST/ZIP/CO:	Falls Church, VA 22042		
NAME:	Bruce K Ferguson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10700-A Page Ave		
CITY/ST/ZIP/CO:	Fairfax, VA 22030		
NAME:	Cliff Hardison	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6500 Quander Rd		
CITY/ST/ZIP/CO:	Alexandria, VA 22307		
NAME:	Phil Disharoon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6308 Grovedale Dr		
CITY/ST/ZIP/CO:	ALexandria, VA 22310		
NAME:	Mary Ann Sprouse	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7811 Red Tulip Ct		
CITY/ST/ZIP/CO:	Springfield, VA 22153		
NAME:	Jonathan Melendez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6927 Kenfig Dr		
CITY/ST/ZIP/CO:	Falls Church, VA 22042		
NAME:	Diane Eckert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Dir.		
ADDRESS:	2108 Helmwood Ct		
CITY/ST/ZIP/CO:	Vienna, VA 22181		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JENNIFER LEWIS-COOPER	JENNIFER LEWIS-COOPER,	8/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FinanceDirector	DATE	
	PRINTED NAME AND CORPORATE TITLE		

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.